

## **Kansas Regional Trauma Council Meeting of Executives October 29, 2004 MEETING SUMMARY**

The statewide meeting of all Regional Trauma Council executive committees was conducted on October 29, 2004 at Wesley Medical Center in Wichita where 60 regional trauma council executive committee and ACT members attended. The focus of the meeting included regional trauma planning and a progress review of 2003-2004 meeting goals. In addition, regional trauma council goals and priorities were established for 2004-2005.

The meeting opened with comments from the Advisory Committee on Trauma Chairperson, Paul Harrison, M.D. Chris Bandy, M.D. (NE Region) and Diane Hunt, M.D. (SC Region) facilitated the meeting with an overview of past and present accomplishments and recommended priorities for the future. Michael Craun, M.D. from Swedish Hospital, Denver, Colorado provided a presentation based on his participation in the Texas and Colorado trauma systems with a focus on performance improvement. In addition, Ron Bender (NC Region) presented a conflict of interest statement developed by the NCKRTC and his experience in the Oregon Trauma System. The afternoon agenda included breakout sessions: pre-hospital/communications, education/prevention, acute care/human resources and chair/vice-chair. A consensus building session was conducted wherein the following priorities were established based on information from the four breakout sessions.

### **Chair/Vice Chair**

#### **Advisory Committee on Trauma Recommendations**

1. Define the process for designation/verification of level 3 and 4 hospitals (**Highest priority**)
2. Develop a statewide plan for performance improvement (legislation)
3. Place a regional trauma coordinator in each region
4. Provide additional regional funding for special initiatives
5. Develop a five-year work plan for the regional trauma plans once they have been completed
6. Continue annual statewide meeting of regional trauma council executives

#### **Legislative Recommendations**

1. Ensure trauma funding remains focused on trauma issues (**Highest priority**)
2. Support the performance improvement concept recommended to the ACT by the RTC executives (**High priority**)
3. Secure additional funding for continued development and implementation of the trauma system
4. Support legislation that provides "teeth" behind the statute requiring statewide collection of trauma registry data (component of the RTC's 100% registry data reporting goal)

#### **Regional Trauma Council Recommendations**

1. Complete regional trauma plans by July 1, 2005 (**Highest priority**)
2. Develop 3-5 year regional trauma council work plan
3. Develop an education plan
4. Approach legislature for funding using regional trauma plans

### **Education/Prevention**

1. Focus on implementation of prevention activities statewide (**High priority**)

2. Provide education to hospitals regarding the benefits of trauma registry data in outreach
3. Identify regional and State prevention and education leaders
4. Identify regional and State prevention and education resources
5. Develop and implement injury prevention and trauma education database, website and list serv

## Acute Care/Rehabilitation

### Statewide Triage System

1. Establish a definition of and process for level 3 and 4 hospitals **(Highest priority)**
2. Increase awareness of the need for a statewide triage system
3. Adopt a standard triage color scheme

### Regional Direction of Education

1. Increase course participation in ATLS, TNCC, PHTLS and other education regarding the trauma system and related components **(Highest priority)**
2. Explore alternate funding sources for education

### Trauma Plans

1. Complete trauma plans by July 1, 2005 **(Highest priority)**

### Trauma Registry

1. 100% participation in the trauma registry and reporting of trauma data by hospitals **(Highest priority)**
2. 1-year deadline established to provide data reports to each hospital and the regional trauma councils

## Pre-Hospital/Communications

### Statewide Communications

1. Investigate resources, cost and funding opportunities for statewide communications system including partnership development and facilitation **(Highest priority)**
2. Recommend the Advisory Committee on Trauma draft a letter of support to the Governor in favor of funding a statewide communications system
3. Determine partnership development strategies and implement

### Dispatch

1. Organize all trauma regions to develop an ongoing Emergency Medical Dispatch plan **(Highest Priority)**
2. Using a top-down approach, educate all (State and local lawmakers and the public) regarding the role and importance of EMD in trauma systems planning
3. Promote EMD education and re-certification

### Trauma Transfer/Triage Criteria

1. Encourage use of and education regarding the National Incident Management and Command System **(Highest priority)**

2. Provide clear, standardized triage terminology (**High priority**)
3. Recommend implementation of a standard patient classification system
4. Provide clear guidelines and terminology regarding triage and transfer of trauma patients